

Form No 1.

(1) PLACE OF BIRTH

County of Clarendon

Township of Concord

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. 42278 For State Registrar Only

Registration District No. 1302 Registered No. 55

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Son Montgomery

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 29 1915
(Name of Month) (Day) (Year)

FATHER.

(2) FULL NAME Robert Montgomery

(6) PRESENT POSTOFFICE OF FATHER Summerton

(10) COLOR OR RACE negro (12) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Clarendon Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Frasier

(15) PRESENT POSTOFFICE OF MOTHER Summerton S.C. R.R.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Clarendon Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. J. R. Metcalfe

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Summerton S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 31 1915 (28) R. B. Broadway, M.D. Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH CAPS AND INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE PLATE for each child. Mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.